

Conflict of Interest

CANDIDATE

Statement of Financial Interest

RECEIVED

MAR 06 2018

Candidates who files:

State and Federal Office candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court index and Second Secon Legislator, circuit court judge and Supreme Court Justice SDCL 12-25-28);

Convention Nominee candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands SDCL 12-25-29), and

Local Office candidates (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 12-25-30)

Deadline to file: Within 15 days after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

File with: The Secretary of State except local candidates file with the office where the

Please print: Full Name LARRY P. Z; Kmund	Shartel Krebs
	SECRETARY OF STATE
Complete Address 2405 East 52 rd, Slovy Falls	5D 57103
Office Sought (list District number if applicable) 5D House 05 Repr	eseNTaTIVES DISTRICT 14
What is your occupation/profession? $ReTired$	
List any source of funds (business or economic relationship) which contributes mo	ore than 10% of or more than \$2,000

to your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) controls more than 10% of the capital or stock. Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)

*The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.

Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
LARRY P. Zikmund	SD Legislature	Legislator
P. Zikmund	STATE 09 ILLINOIS	Teachers Retirement
LARRY P. Zikmund	V. STREASURY	Social Security
LARRY P. Zikmund	charles Schwab	Retirement

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

March 6, 2018 (Date)



Conflict of Interest

CANDIDATE Statement of Financial Interest

RECEIVED

Candidates who files:

State and Federal Office candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice SDCL 12-25-28); S.D. SEC. OF STATE

Convention Nominee candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands SDCL 12-25-29), and

Local Office candidates (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 12-25-30)

Deadline to file: Within 15 days after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

File with: The Secretary of State except local candidates file with the office where they file their nominating petition.

Please print: Full Name
Complete Address
Office Sought (list District number if applicable)
What is your occupation/profession?
List any source of funds (business or economic relationship) which contributes more than 10% of or more than \$2,000 to your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) controls more than 10% of the capital or stock. Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)
*The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.

Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Judith L. Zikmund	HILLTOP UMC	Employee
L. Zikmund Judith L. Zikmund	US. TREasury	SOCIAL

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.